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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-16-0010

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

TN: MT-16-0010 **Approval Date:** 10/06/2016 **Effective Date** 07/01/2016

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1961 Stout Street, Room 08-148 Denver, CO 80294



Region VIII

October 6, 2016

Mary Dalton, Medicaid & CHIP Director Montana Department of Public Health & Human Services P.O. Box 4210 Helena, MT 59604

Re: SPA MT-16-0010

Dear Ms. Dalton:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-16-0010. The amendment revises the list of qualified providers authorized to provide group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

The amendment includes the Department's selection of the option under Section 4106(b) of the Affordable Care Act, covering specified preventive services without cost sharing. As a result, the Department is eligible to receive an additional 1% federal match on these services.

Please be informed that this State Plan Amendment was approved October 6, 2016, with an effective date of July 1, 2016. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

McHaru C. Allen

Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: Richard Opper, Department DirectorDuane PreshingerJo ThompsonMary Eve Kulawik

	REALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
	TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0010	2. STATE Montana	
	FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
	TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2016		
	5. TYPE OF PLAN MATERIAL (Check One):			
	☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)				
	6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
	Section 4106(b) of the Affordable Care ACT	a. FFY 2016 (3 months): \$29,048	3	
	2713 of the Public Health Service Act	b. FFY 2017 (12 months): \$37,783	3	
		c. FFY 2018(12 months): \$49,049		
	8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEI	DED PLAN SECTION	
	ATTACHMENT:	OR ATTACHMENT (If Applicable):		
	Supplement to Attachment 3.1A, Service 13.c, Preventive Services, Pages 4-5 of 5	Supplement to Attachment 3.1A, Service 13.c, Preventive Services, Page 4 of 4		
	Supplement to Attachment 3.1B, Service 13.c, Preventive Services, Pages 4-5 of 5	Supplement to Attachment 3.1B, Service 13.c, Preventive Services, Page 4 of 4		
	Montana license as a nutritionist, hospitals, Federally Qualified Health C Services, Groups/Clinics, and Public Health Departments. Their service diabetes and cardiovascular disease. The Department is also submitting a new page within the Preventive Serpreventive services assigned a grade A or B by the United States Prevent administration, recommended by the Advisory Committee on Immunization without cost sharing, the Department is eligible to receive an additional	es are limited to group nutrition and lifestyl rvices State Plan that attests the Departmentive Services Task Force, and all approvedation Practices, without cost sharing. By co	te counseling to prevent at covers and reimburses all d vaccines and their	
	11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED: Single Agency Director Review		
	12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Montana Department of Public Health and Human Services		
	13. TYPED NAME: Wary E. Danon	Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210		
	14. TITLE: State Medicaid Director	Helena MT 59620		
Control Control	15. DATE SUBMITTED: 7-25-16			
FOR REGIONAL OFFICE USE ONLY				
	17. DATE RECEIVED:	18. DATE APPROVED:		
	July 25, 2016 October 6, 2016			
	PLAN APPROVED - ONE COPY ATTACHED			
	19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	DNAL OF	FICIAL:	
I	21. TYPED NAME:	2z. 111LE.		
	Richard C. Allen	ARA, DMCHO		
	23. REMARKS:			

MONTANA

- A. Services to prevent diabetes and cardiovascular disease provided to people at risk for diabetes and cardiovascular disease:
 - 1) Group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

B. Providers:

- 1) Physicians,
- 2) Mid-level practitioners,
- 3) Registered dieticians who also hold a current Montana license as a nutritionist,
- 4) Hospitals,
- 5) Federally Qualified Health Centers,
- 6) Rural Health Clinics,
- 7) Indian Health Services/Tribal Health Services,
- 8) Groups/Clinics, or
- 9) Public Health Departments.

Listed providers will provide services for reimbursement under the diabetes and cardiovascular disease prevention program. Services for the program are limited to group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

A physician or mid-level practitioner supervising a provider not listed above, such as a licensed nurse, a certified diabetes educator, or an exercise physiologist, will assume professional liability for care of the patient and will furnish services within his or her scope of practice under State law.

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Page 5 of 5
Supplement to Attachment 3.1A
Service 13.c
Preventive Services

MONTANA

In accordance with section 4106 of the Affordable Care Act, Montana Medicaid covers and reimburses all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP), without cost sharing.

The State assures the availability of documentation to support the claiming of federal reimbursement for these preventive services. The State assures that the benefit package will be updated as changes are made to the USPSTF and ACIP recommendations, and the State will update the coverage and billing codes to comply with these revisions.

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